

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2255 / 4665

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Marco Rubio for President

A. Full Name (Last, First, Middle Initial)

MRS. ALVERNA MALCOM

Mailing Address **518 W. CENTRAL AVENUE**

City ANDOVER	State KS	Zip Code 67002-9002
------------------------	--------------------	-------------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

Transaction ID : SA17.772137

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

MS. LYNMARIE MALEC

Mailing Address **26911 NORMANDY RD**

City BAY VILLAGE	State OH	Zip Code 44140-2325
----------------------------	--------------------	-------------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROHEALTH

Occupation
PHARMACIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Transaction ID : SA17.733570

Date of Receipt

M M / D D / Y Y Y Y
04 / 14 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

MS. LYNMARIE MALEC

Mailing Address **26911 NORMANDY RD**

City BAY VILLAGE	State OH	Zip Code 44140-2325
----------------------------	--------------------	-------------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROHEALTH

Occupation
PHARMACIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Transaction ID : SA17.766052

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

650.00

Total This Period (last page this line number only).....